(a) how many towns and cities are covered by CGHS in Gujarat State;

(b) what are the possibilities for covering remaining towns and cities in Gujarat;

(c) whether there is any request from the Government of Gujarat to cover capital of the State, Gandhinagar, under CGHS; and

(d) what is the status of the matter?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMADOSS): (a) Ahmedabad in Gujarat is covered by CGHS.

(b) to (d) The Government of Gujarat has requested for covering Gandhinagar by the CGHS. Opening of more dispensaries will depend upon the likely beneficiaries and availability of resources.

CGHS recognised institutions

2046. SHRI PRAVEEN RASHTRAPAL: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the names of private hospitals and institutions, laboratories, etc., in the State of Gujarat which are recognized by CGHS for treatment of the Central. Government employees; and

(b) how many applications for recognition are pending with his Ministry as far as Gujarat State is concerned alongwith the details thereof?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMADOSS): (a) The following private hospitals and diagnostic centres have been empanelled under CGHS, Ahmedabad:—

HOSPITALS

1. Krishna Heart and Super Speciality Institute;

2. SAL Hospital & Medical Institute; and

3. Appollo Hospital International

Limited. DIAGNOSTIC CENTRES

1. Appollo Hospital City Centre;

2. Scientific Diagnostic Centre Private Limited;

3. The Appollo Clinic;

4. Usmanpura CT Scan Centre; and

5. Green Cross Voluntary Blood Bank, Pathology and RIA Laboratory.

(b) The application of Samvad Orthopedic Hospital, Ahmedabad is pending for inspection by the Quality Council of India.

Publicity of Rural Health Mission

†2047. SHRI ALI ANWAR: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

† Original notice of the question was received in Hindi.

(a) whether it is a fact that in order to provide health and facility in rural regions. Government have prepared publicity material for its proclaimed Rural Health Mission; and

(b) if so, the details of publicity material prepared for each medium and expenditure incurred on publicity thereon?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMADOSS): (a) Yes, Sir. Government has prepared and Advocacy Strategy under National Rural Health Mission to facilitate awareness, dissemination of information regarding availability of and access to quality health care by the poor, women and children in rural areas. The core objective of the strategy is to encourage health seeking behaviour that are doable in the context in which people lie and are also amenable to change.

' (b) The communication strategy has focused on sustaining the Behaviour Change through multi media tools. Multi media campaigns were outlined on key issues such as Routine Immunization and Pulse Polio, Breast feeding, Instutional delivery and Maternal Care with focus on Janani Suraksha Yojana, Save the Girl Child, PNDT-related issues. Community Insurance initiatives, integrating RCH with HIV/AIDS. Adolscent Health, Iodized Salt, Integrated IEC management through Radio, Television and Print media. The expenditure details are given in Statement.

Statement

Details of publicity material and expenditure on publicity

(Rs. in crore)

Media	Expenditure	
	2006-07	2007-08
Audio spots on All India Radio	26.00	22.42
Video spots on Doordarshan	40.00	45.46
Publicity through DAVP, Private satellite channels/ Private FM channels & PNDT	53.00	39.85
Print Media	9.00	1.99
Grant-in-aid to States for General/Innovative IEC Activities	10.40	2.57
Miscellaneous (Family Welfare Pavilion etc.)	1.00	129
TOTAL:	139.40	113.58

Unbearable health expenditure

2048. SHRI MAHENDRA MOHAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government is aware of study of WHO which found 16 per cent of households